

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035485

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 7.5

Primary Registration District No. 3015

Registrar's No. 84

STATE FILE NUMBER

FILED SEP 19 1963

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY DEKALB	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Length of stay in 1b 2 WEEK'S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS R F D		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: JENNIE Middle: VIRGINIA Last: CONNER		4. DATE OF DEATH Month: Sept. 6, 1963 Day: Year:	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME JOSEPH AMOS		13b. MOTHER'S MAIDEN NAME NANCY FREEMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. 9	
17. INFORMANT JOSEPH CONNER, STEWARTSVILLE, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause for time for full and complete) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Post Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Advanced Age PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 9-4-63	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1950 to 9-6-63 and last saw her alive on 9-6-63 Death occurred at 11:20 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Bloom		22b. ADDRESS Cameron, Mo.	
22c. DATE SIGNED 9/14/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/8/1963	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY	23d. LOCATION (City, town, or county) MAYSVILLE, MO.
24. FUNERAL DIRECTOR W.E. SUMMERFIELD, STEWARTSVILLE, MO.		25. DATE RECD. BY LOCAL REG. 9-14-63	
		26. REGISTRAR'S SIGNATURE Francis D. Crawford	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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FEB 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Count by phone
9-8-63